

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR WITH FORM PTO-875)

SERIAL NO. 10/529512 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4						
5	1		1			
6		1		1		
7				1		
8	1		1			
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TOTAL IND.	45		44			
TOTAL DEP.	35		38			
TOTAL CLAIMS	37		42			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy